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Failures of Rationality and Self-Knowledge in Addiction ¹

1. Introduction

According to a traditional characterization, akrasia is the phenomenon of freely or intentionally acting against one's knowledge, or belief, about what it is best for one to do, and against what one so rationally desires to do.² Akrasia appears to be essential to addiction. Take Bill Wilson, the co-founder of the Alcoholics Anonymous program of recovery.³ Bill Wilson possessed abundant evidence of the damaging and tragic consequences of his drinking; his alcoholic drinking had not only cost him numerous jobs and a promising career, it had placed his marriage under unbearable strain and led him to numerous periods of hospitalization and psychiatric care. He was not unaware of this evidence. He knew that the best course of action for him was to stop drinking, and he had a desire not to drink that cohered with this belief. For a long period of time, he attempted to stop drinking, seeking sources of relief both medical and religious for his problem. And yet despite what he knew, and despite the many reasons he possessed for staying sober, he continued to drink.⁴

The notion of akrasia is not a philosopher's invention, nor a notion of narrowly academic interest. Attempts to understand akrasia provide important aspects of the rationale for programmes of treatment and recovery for addicts. The impact of akrasia on the life of an addict and those around them is measured not only in the physical and financial consequences of their addiction. In their akratic behaviour, active addicts are hard to understand, and this is an important sense in which addicts are lost to, or estranged from, their friends and families.

The topic of akrasia in addiction is the starting point of discussion here. The aims of this chapter are modest, and the focus is narrow. There is much here that remains programmatic. The overall aim of the chapter is to use reflection on the problem of akrasia in addiction to introduce into philosophical discussion of addiction the notion of a distinctive kind of 'mental state' and to try to show what explanatory work such a notion can do. I will here discuss not substance addiction in general, but

¹ Thanks to Nick Heather and Gabriel Segal for helpful comments on an earlier draft. Thanks also to Hemdat Lerman, Naomi Eilan, Rebecca Eilan, and Matthew Soteriou for helpful discussion.

² For similar characterizations of akrasia see Coope (2010), Lorenz (2014), Broadie (1991), ch.5, Charles (1984), ch.3, and Davidson (1970). The *locus classicus* for the traditional notion of akrasia is Aristotle's *Nicomachean Ethics*, Book VII. See Aristotle (2001), pp.385- 407 for detailed philosophical commentary. A different approach is developed in Holton (2009). For discussion of the implications of Davidson's approach for contemporary addiction science see Heather and Segal (2013).

³ For a brief history of Bill Wilson's career as an active alcoholic see Alcoholics Anonymous (1939 (2001)), chapter 1.

⁴ Bill Wilson had his last drink in 1934, as the result of a conversation during a chance encounter with an old school friend. He remained continuously sober until his death in 1971. For more biographical detail see Alcoholics Anonymous (1984).

only certain aspects of alcoholism. And even then I will discuss only aspects of that condition as it is conceptualized from the point of view of one approach to treatment and recovery.

Though the topic of the nature of alcoholism is a theme of this chapter, I make a few starting assumptions. I will be talking about alcoholism as the condition is found in human beings; beings with the powers of rationality and for self-consciousness. I assume that alcoholism is a condition essential to which is a pattern of repeated drinking. The pattern often begins in the alcoholic's teenage years and then develops usually over a long period of time. I will take it to be essential to alcoholic drinking that it is marked by a degradation of control over the amount that is drunk. I assume that alcoholism is a condition that has a history, and that the way that alcoholism manifests itself develops over time with distinctive features in evidence at different stages in its progression.

Alcoholics Anonymous is a self-help organization that was founded in 1935 and has grown to become the pre-eminent non-professional source of support for the recovering alcoholic. The question that is the point of entry for this chapter is: What account of akrasia, as a feature of alcoholism, does the literature of the Alcoholics Anonymous program offer? This discussion needs to be prefaced with an important qualification. The A.A. literature does not offer a formal statement of the problem of akrasia and an account of how to understand the problem. The book was written to help alcoholics recover, not to contribute to philosophical theory. Alcoholics Anonymous does not take any part in public or academic debates about alcoholism, and the discussion of alcoholism in its literature is not to be understood as constituting the endorsement of a position within such a public or academic debate.⁵

This being said, professional philosophers are at liberty to do as they please with this literature. The core texts of the organization are available in their entirety, for free, on the website of Alcoholics Anonymous, and non-alcoholic members of the public are able to purchase copies of these texts from the A.A. website. Suppose professional philosophers were to treat what was advanced in the foundational texts of Alcoholics Anonymous as an attempt to explain akrasia. What is that account? In section 3, I sketch in that account. In section 4, I raise some questions about how elements of this account cohere. In the rest of the chapter, I make some suggestions about how this coherence is to be understood; suggestions that draw on a relatively neglected topic in the philosophy of mind. Here the approach is only drawn in outline. Questions of detail, and about the adequacy of this approach to akrasia, will be pursued elsewhere.

2. Two Initial Responses

⁵ Alcoholics Anonymous (1952), pp.176-179 provides a general characterization of Tradition Ten; that "Alcoholics Anonymous has no opinion on outside issues, hence the A.A. name ought never be drawn into public controversy." The main consequence of this stance is the neutrality of Alcoholics Anonymous concerning matters of public health policy related to alcohol.

I want to determine some desiderata for the discussion that follows by considering briefly two natural responses to explaining akrasia. One such line of thought would be the view that alcoholic relapse involves a wholesale switch in attitudes and valuations; the relapsing alcoholic no longer knows or believes that it is best to abstain, and no longer desires to abstain. In their place are states such as a belief that it is unproblematic to take a drink and desirable to do so; states which then motivate action in the normal way. A second line of thought would be that the alcoholic's drinking in relapse is not an instance of intentional action at all, but something like an automatic bodily movement; akin to the narrowing of the iris in response to changes in light. As such, it is not capable of being evaluated as either rational or irrational.

Though I don't have the space here to offer a fully satisfactory discussion of these lines of thought, there is good reason to think that they ought to be resisted. The difficulty with the first line of thought is how to make sense of what is involved in 'losing' and then 'regaining' the relevant attitudes about alcohol, during the period of relapse and recovery from relapse. The alcoholic who recovers consciousness after relapse does not need to re-acquire the knowledge that it is best for him to abstain from drinking or reacquire the desire not to drink. The guilt, shame and remorse that consumes him on waking is a manifestation of the presence of these states; and the best explanation for this is that those states persisted during the period of relapse, as such states persist during sleep. The second line of thought appears to involve an implausible characterization of relapse. Even if alcoholics do often fail to control their drinking in various ways, it at least makes sense for an alcoholic to attempt to control it, perhaps by exercising willpower in the face of temptation, or by exercising intelligence in avoiding temptation entirely. The idea of an alcoholic attempting to exercise control over his drinking makes sense in a way that it doesn't make sense to think of an alcoholic attempting to refrain from narrowing his iris in the face of changes in illumination.

Even if these approaches are wide of the mark, a good explanation of akrasia ought to be able to account for why these options are *prima facie* attractive. With respect to the first option, the alcoholic who relapses does appear to be acting in the light of at least some positive evaluation of drinking, however inchoate that evaluation may be. With respect to the second approach, even if it is not true that alcoholic drinking is simply a mindless reflex, rather than a full-blooded intentional action, it seems right that the alcoholic agent is 'not fully present' *qua* agent of intentional action, in those actions that constitute relapse. A satisfactory approach to akrasia in addiction ought to be able to explain this.

3. Alcoholism according to *Alcoholics Anonymous*

The links between alcoholism and relapse suggest that the natural way into this question is simply to look at some views about what alcoholism is. My focus here, as I have said, is to be on what the A.A. literature says about alcoholism. The book *Alcoholics Anonymous* describes alcoholism as a

‘three-fold’ illness, and these folds are characterized as ‘physical’, ‘mental’ and ‘spiritual’. This distinction between these three different elements of alcoholism suggest the view that alcoholic relapse, and alcoholic drinking, is a complex phenomenon, different aspects of which require different kinds of explanation. What follows is a summary of the different kinds of claims made in the prefaces, introduction and pages 1- 164 of this text.

3.1 Bodily ‘abnormality’⁶

Alcoholism involves a ‘physical allergy’ to alcohol (Alcoholics Anonymous 2001, p.xxviii). This is not an allergy in the sense in which one may be allergic to bee stings, but in the sense of its being an ‘abnormal physical reaction’ to alcohol as a stimulus. When the alcoholic begins to drink ‘a phenomenon of craving’ is triggered, that causes him to continue drinking (Alcoholics Anonymous 2001, p.xxviii). This abnormality of the body and of the body’s responses to alcohol is almost never found in the ‘average, or temperate’ drinker (Alcoholics Anonymous 2001, p.xxviii). Once this physical allergy is in place, alcoholics are not able to return to being non-alcoholic drinkers (Alcoholics Anonymous 2001, p.xxx, pp.30- 4). Because alcoholics in whom the physical allergy has developed cannot return to being normal drinkers, the only lasting solution for those suffering from alcoholism is abstinence (Alcoholics Anonymous 2001, p.xxviii). The occurrence of a craving in this sense does not in itself explain the onset of relapse. The phenomenon of craving is specifically understood as a craving for more drink, once the alcoholic has started to drink. But the fact that the phenomenon of craving develops on taking the first drink explains why an alcoholic, once he begins drinking, finds that he has little control over the amount that he drinks or the rate at which he drinks, and drinks more than he intended, desired or wanted to drink. According to A.A., part of the explanation of akrasia, at least as it is a feature of the development and prolongation of an episode of drinking, must make reference to this component of the condition.

3.2 Mental ‘abnormality’⁷

The typical alcoholic is aware of the painful consequences of his abnormal bouts of drinking. In the middle of his hangover, and the shame he feels about last night’s behaviour, he decides to ‘swear off’ and ‘never touch another drop’. He may put in place various strategies to prevent himself from drinking. But the time will come at which his patterns of thinking around alcohol change. He will begin to engage in attempts to rationalize why he lost control when he last drank, rationalization that sustains plans for further attempts at controlled, moderate and pleasurable drinking. At the times when he most needs it, his awareness of the painful and destructive consequences of his drinking appears to desert him: “The almost certain consequences of his drinking and the pain and suffering

⁶ This section summarizes p. xxv- xxxii. The physical problem in alcoholics is described as an ‘abnormality’ on p. xxvi.

⁷ This section summarizes material from Alcoholics Anonymous 2001, chapter 3.

of a few days or weeks will not crowd into the mind to deter him. If they do, they are immediately replaced with threadbare excuses and spurious rationalizations. The alcoholic is without mental defence against the first drink.” (Alcoholics Anonymous 2001, p.24). Not only do alcoholics appear to exhibit ‘mental abnormality’ in the sense of being ‘without mental defence’ when they are actively attempting to pursue strategies of relapse prevention. The alcoholic, when not drunk, and while knowing the harmful and dangerous consequences of his drinking, will typically spend much of his time thinking about drinking and planning his next drink. This thinking and planning, and the prospect of drinking at a later time, is itself a kind of relief to him (Alcoholics Anonymous 2001, pp.8-9). This is the alcoholic’s ‘mental obsession’ with drinking alcohol. This mental obsession, and the ‘strange mental blank spots’ (Alcoholics Anonymous 2001, p.42) that precede episodes of drinking constitute ‘a subtle form of insanity’ (Alcoholics Anonymous 2001, p.40). A central feature of these ‘strange mental blank spots’ and the obsession with alcohol that grips him is that the alcoholic is all but oblivious to the facts about his situation, and to their role in his drinking (Alcoholics Anonymous 2001, p.40- 2).

3.3 A ‘*spiritual malady*’⁸

At the core of the alcoholic condition is a problem with how the alcoholic lives, and the consequences of action that expresses malformed attitudes he has to himself and to others. “Selfishness—self-centredness! This, we think, is the root of our troubles.” (Alcoholics Anonymous 2001, p.62). Selfishness and self-centredness appear to be character traits of some kind. They describe a distinctive pattern of motivation. The alcoholic is only concerned, at bottom, with acting in a way motivated by getting what he wants, and maximizing his own desire-satisfaction. Satisfying other people, and acting in a way that satisfies their desires, is an aim of the alcoholic’s behaviour only insofar as it is a means to satisfying his own desires. These patterns of motivation set the self-centred alcoholic at odds with others (Alcoholics Anonymous 2001, p.62). As well as describing what appears to be a general pattern of motivation, self-centredness also characterizes a range of other traits, propensities and emotional or affective conditions. The alcoholic is characteristically ruled by ‘fear’ (Alcoholics Anonymous 2001, pp.67-8), or “self-centred fear—primarily fear that we would lose something we already possessed or would fail to get something we demanded...” (Alcoholics Anonymous 1952, p.76) and, specifically, that he does not have, or will not, for some reason, elicit the approval of others. The self-centred alcoholic is ‘burned up with resentment’ (Alcoholics Anonymous, 2001, pp.64-5) at others, resentments the sources of which are nearly always the result of the alcoholic’s own self-centred action or inaction, and often stem from the alcoholic’s perception of ‘hurt pride’, ‘fear’, and ‘self-pity’.

⁸ This description of alcoholism is from Alcoholics Anonymous 2001, p.64.

The alcoholic's self-centredness, understood in all these different manifestations, causes problems to pile up in the alcoholic's life. The alcoholic becomes 'restless, irritable and discontented' (Alcoholics Anonymous 2001, pp. xxviii-xxix). Alcohol begins to be represented as a route through which these problems in living can be ameliorated, escaped, or even solved. And, as so represented, it comes to be 'desired' or 'wanted' by the alcoholic. The alcoholic who relapses appears to have lost sight of the destructive consequences of drinking, and so has become unable to stick to whatever resolution or commitment he may have made to stay sober.

The Alcoholics Anonymous program of recovery involves the alcoholic's complete abstinence from alcohol. At the heart of this program is the idea that for the alcoholic to achieve permanent and satisfying recovery from active addiction, it is the 'spiritual malady' that needs to be addressed (Alcoholics Anonymous 2001, p.64). It would be a cause for despair in the suffering alcoholic, and false, were complete removal of these habits, tendencies and patterns of thought and action claimed to be a condition of achieving sobriety. And the A.A. literature doesn't claim that it is. Rather, through taking part in A.A. life, the alcoholic is able to gradually alter and adjust his outlook on life. He does this by engaging in a range of activities that encourage this: working towards an honest and detailed examination of his own behaviour (Step Four) and arriving at a sober assessment of the consequences of that behaviour for himself and others with an A.A. friend or 'sponsor' (Step Five), making a sincere attempt to right wrongs done to others, where possible (Steps Eight and Nine); engaging in 'service' for the group, whether that be speaking in front of the group, setting the chairs out, or making tea; keeping in regular contact with, and engaging honestly with, fellow recovering alcoholics; engaging in regular self-examination and meditation (Steps Ten and Eleven), and most importantly, helping newly-recovering alcoholics to stay sober (Step Twelve). This process of re-engagement with sober life is described as 'finding a power by which we could live' and finding 'a Power greater than ourselves.' Step Three asks the alcoholic to turn his will and his life 'over to the care of God *as we understood Him.*' Alcoholics Anonymous is not a religious organization, and neither is it denominational. The spirituality involved here is minimal in its commitments. To solve their problems, recovering alcoholics need to discover a source of strength by which they can live, which is something more than their own, failed, strategies for achieving sobriety.

Let's refocus on the puzzle of akrasia with which we began. Suppose for the moment that the species of akratic action that is the focus of discussion is that which accompanies the onset of drinking. And suppose for the moment that the triggering of a phenomenon of a craving cannot explain this event (being something that occurs after the first drink has been taken). Then the conception of akrasia in alcoholism suggested by the kind of account offered here is that such action is the manifestation of a kind of mental disorder. This mental disorder manifests itself in the way that an alcoholic, prior to relapse, relates both to what he knows about the past consequences of his drinking and also to how

he currently evaluates taking a drink. The alcoholic fails to bring these past consequences to mind in the way that is needed to preserve his sobriety. And he is subject to desires or wants for alcohol that motivate his drinking, motivations that make his drinking explicable as an action and not a mere reflex or piece of involuntary behaviour, and that mark his drinking out as an attempt to gain relief from problems in living. These problems of living have their source in patterns of ‘self-centred’ thought and action, which may or may not involve drinking. These patterns of thought and action themselves we can also think of as the manifestation of some more basic form of ethical maladjustment of the subject, concerning how the agent conceives of himself, and how he relates to other agents.

4. Some questions about the *Alcoholics Anonymous* account

I want to develop some suggestions about how to understand aspects of this approach by raising a number of questions that might be prompted by the discussion so far.

4.1 A central part of the explanation of relapse is that the alcoholic suffers a specific kind of incapacitation with respect to his preserved knowledge about what he did and how he behaved when he last drank. But what is disordered—‘insane’ even—about incapacitation? A rational agent who is asleep, and in dreamless sleep, is incapacitated, in a very specific way, with respect to the full range of his mental powers, including the capacity to draw on preserved knowledge. But such an agent isn’t disordered in virtue of being so incapacitated. So what exactly is the link between the idea of incapacitation and the kind of ‘disorder’ that’s at issue here?

4.2 In some parts of *Alcoholics Anonymous*, it is suggested that the alcoholic has no idea why he relapses. Here is an example from chapter 2: “If you ask him why he started on that last bender, the chances are he will offer you any one of a hundred alibis. Sometimes these excuses have a certain plausibility, but none of them really makes sense in the light of the havoc an alcoholic’s drinking bout creates.... Once in a while, he may tell the truth. And the truth, strange to say, is usually that he has no more idea why he took that drink than you have. Some drinkers have excuses with which they are satisfied part of the time. But in their hearts they really do not know why they do it.” (*Alcoholics Anonymous* 2001, p.23). One of the distinguishing features of intentional action appears to be that the agent who is engaged in such action knows what the action is intended to bring about without observation or inference, simply in virtue of being the author of that action.⁹ When I am engaged in the intentional action of walking to the shop to buy milk I know that that is what I am doing just by being the one doing the walking. But if the alcoholic who relapses does not know why he drank then that might suggest that his drinking—according to this approach—is not an instance of intentional action at all, but some other occurrence that involves bodily movement: a piece of reflex or

⁹ For important discussions of this feature of intentional action see Anscombe (1957), Moran (2001), and the papers collected in Roessler and Eilan (2003).

involuntary behaviour, say. So how does the idea that the alcoholic is ignorant of why he drinks, when he relapses, cohere with the idea that his drinking is a case of intentional action?

4.3 In the account sketched out above, a claim was that alcoholics use alcohol in an attempt to deal with emotional difficulties and other problems with living. This motivation for drinking is expressed in many of the recovery narratives that make up the “Personal Stories” sections of Alcoholics Anonymous. For example: “Bewilderment, fear and resentment moved into my life. And yet my ability to lie outwardly and to kid myself inwardly grew with each drink I took. Indeed, I had to drink now to live, to cope with the demands of everyday existence. When I encountered disappointments or frustrations—as I did more and more frequently—my solution was to drink.” (Alcoholics Anonymous 2001, p.555). This prompts two further questions:

How does the idea that the alcoholic uses alcohol as a way to solve problems with living cohere with the idea that alcoholics do not really know why they drink?

Given the facts about what drinking does to an alcoholic, facts of which the alcoholic is aware, the idea that the alcoholic thinks that the solution to disappointments, frustrations or other problems is for him to drink seems so extraordinary that it is simply unclear why we ought to attribute such motivation to him. Is this really what motivates the drinking that constitutes relapse, or just a spurious piece of post-hoc rationalization; an “excuse” that “doesn’t really make sense in the light of the havoc that an alcoholic’s drinking bout creates”? If this is the motivation, how is it that alcohol is supposed to help? What kind of solution is it that the alcoholic uses alcohol in an attempt to achieve?

5. Defects of the wakeful state in alcoholism

5.1 The link between the notion of disorder and incapacitation can be illuminated by a particular notion of a ‘mental state’ and by the notion of what is proper to that state. The inaccessibility of knowledge about past attempts to drink safely or moderately is proper to the state of sleep in a way that it is not proper to the state that obtains during relapse. There is much that is not well understood about the details of the functional role of the state of sleep in the life of an animal. But the outline of the role is clear enough; sleep is a condition in which the animal is alive, but at rest. In this state the animal is able to recover from fatigue, and so through sleeping it is able to continue to function effectively as an animal during the time it is awake. What enables it to fulfill this function is that in sleep the animal ‘switches off’, where to be switched off is for the animal to be incapacitated with respect to the powers or capacities that it possesses.¹⁰ The facts about how animals rest may differ. Some animals may shut off in different ways to others.¹¹ But sleep in mature human beings is a state

¹⁰ An account along these lines is presented in sections 1 and 2 of Aristotle’s *De Somno*. For introductory material on the contemporary research on sleep see Hobson (2002) and the essays in Smith, Comella and Hogl (2008).

¹¹ For interesting discussion of ‘unihemispheric slow-wave sleep’ in animals see Rattenborg, Lima and Amlaner (1998).

in which it is shut off with respect to what appears to be the full range of the capacities it possesses as a rational animal; its capacities for physical action, sense-perception, intentional mental action and memory, amongst others. The unavailability of capacities in the state of sleep is not an instance of mental disorder. So the unavailability or inaccessibility of memory in sleep is not an instance of disorder.

But the unavailability of capacities when the agent is in a state of wakeful consciousness is disordered. The nature of the state of wakeful consciousness is a question that has been largely neglected by philosophers of mind and action.¹² But at least to a first approximation, wakeful consciousness is that state in which the animal is ‘switched on’; the waking animal is in the position to be at work being an animal. Its being capacitated in this way normally entails that it is capacitated with respect to each of the capacities it possesses as an animal.¹³ What it is for an animal to be awake depends on what capacities it possesses. In the case of rational animals—those creatures with the capacity for rationality and self-conscious thought—being awake is being in the state in which it is in the position to be at work being a *rational* animal. Then for a rational animal to be awake, but to be incapacitated with respect to some of the capacities that it possesses as a rational animal, will prevent it from being in the position to be properly at work as the kind of thing that it is. States such as this will be varieties of the wakeful condition but which constitute forms of failure given the nature of that condition. Take, for instance, the state of shock or trauma that can come to obtain after witnessing extremely painful, disturbing or dangerous episodes. In a state of shock, an animal is awake, but temporarily incapable of accessing its powers of intentional mental action and for self-initiated bodily movement; forms of incapacitation that issue in confusion and disorientation. Even if the state of shock may have a biological function, it is nevertheless a disordered state. Shock is a state that inherits the aims of the wakeful condition, given that it is a type of wakeful condition. But it fails to fulfill the explanatory goals of the wakeful state; it is a state in which the animal is not properly in the position to be at work being an animal, because it involves incapacity of the relevant kinds.

While we have a notion of ‘being obsessed with something’ according to which it is a long-term character trait, we can also think of the state that precedes relapse in the alcoholic as a state of obsession with alcohol understood along the lines just proposed. The alcoholic who is obsessed with alcohol in this sense is in a kind of wakeful state that is deformed or degraded in various ways. Central to this is the incapacity to bring to mind in the right way the memory of the suffering and humiliation of previous relapses. A kind of knowledge that is available to the drinker in the normal non-degraded state of wakefulness is here not capable of being brought into play in determining what

¹² An exception is the discussion of wakeful consciousness in O’Shaughnessy (2000), part 1. See also Crowther (forthcoming).

¹³ For interesting discussion and argument for a view of this kind see Aristotle *De Somno* sections 1 and 2.

to do. Characteristic also of the state is the alcoholic's pre-occupation with thoughts about drinking, with the construction of plans for drinking, as well as immediately 'reading' his environment in terms of a series of opportunities for, or obstacles to, drinking. This conception of obsession suggests answers to the other questions raised.

5.2 Suppose that the intentions with which an agent acts are his reasons for acting. Then we may respond to the question posed in 4.2 with the following thought. The alcoholic in the state of obsession has reasons for action. But they are extremely minimal. These reasons may be no more than that it seemed to the alcoholic that taking a drink is what ought to be done, or that taking a drink is what the situation calls for. So the alcoholic's drinking can be understood as intentional. The alcoholic drinks with the intention of doing what, in this particular situation in which a drink is offered, is to be done, or what the situation calls for. The event that occurs when the alcoholic drinks can, then, be distinguished from a mindless or reflexive bodily movement.

In the passage that prompted this question, the claim was that the alcoholic "does not really know why" he started out on that last relapse. We can respond that there is some minimal knowledge that the alcoholic has of why he drank; knowledge that he might express by citing the trivial and minimal reasons for drinking just discussed. This is consistent with two further truths. The first is that there is some deeper and more informative explanation of why he drank of which the alcoholic is ignorant. The second is that if the alcoholic is asked why he took that drink, given his drinking history, then giving such minimal reasons for action will indeed seem like a particularly inadequate, evasive and uninformative answer.¹⁴ But that doesn't entail that they weren't his reasons.

A natural question at this point is why things strike the alcoholic in this way; why it seems to him that drinking was what was to be done. The peculiarity of these reasons, in the light of the actual consequences of his drinking, is to be explained by features of his mental state. In a state of obsession with alcohol, the world presents itself to the alcoholic in a distinctive way. In a state of obsession with alcohol, and when the opportunity to drink arises, taking a drink presents itself to the alcoholic as what is there and then, in those circumstances, to be done, or to be what the situation calls for. The alcoholic acts on reasons for drinking that he has, given his state of obsession with alcohol.

5.3.1 The idea that alcoholics drink to deal with frustrations, disappointments and problems with living coheres easily enough with the idea that alcoholics do not really know why they drink. Perhaps there are occasions on which alcoholics deliberately and knowingly drink in order to deal with problems. But the more natural way to understand such testimony as was quoted in section 4.3 is as articulating a pattern of motivation for alcoholic drinking of which the agent was unaware when

¹⁴ That this response is so inadequate may be why such an alcoholic may be happy to concede, under interrogation, that he has no idea *at all* about why he drank.

drinking. That alcoholics can be ignorant of the sources of motivation for their action is no more problematic, on the face of it, than any similar claim about the existence of unconscious motivations for action.

This issue about awareness of reasons for action reveals another way in which the notion of a mental state may be mobilized in explanation. When they are in the state that precedes and accompanies relapse, alcoholics lack self-awareness or self-knowledge of various kinds. And it is plausible that at least some such absences of self-awareness can be traced to various respects in which the state of obsession differs from the normal and properly formed state of wakeful consciousness. One who is in the state of non-degraded wakefulness normally knows, when he is in that state, why he is doing what it is that he is then doing. And he normally knows what mental state he is in at that time. But at the time they drink, alcoholics do not have an awareness of the real reasons for their drinking. They are, perhaps, aware of the minimal reasons for action. But they are not aware that their drinking is, for example, aimed at ‘coping with the demands of everyday existence’. Further, what makes the state of obsession so dangerous for alcoholics is that they are oblivious to their being in this state. In the state of obsession, alcoholics, I will say, lack ‘occurrent self-knowledge’ of various kinds.

Another characteristic failure of self-awareness is worth distinguishing from this. An alcoholic may have acquired (let us just assume) knowledge about his condition. He knows that he has a physical allergy to alcohol, that at times he has ‘no defence against the first drink’ and that his absence of such defence is associated with a condition of obsession in which certain bizarre forms of motivation prevail. Nevertheless he may drink, and he may drink as a result of becoming obsessed with alcohol. Such an alcoholic didn’t lose this knowledge about himself. He doesn’t have to reacquire it when he wakes up after a relapse. But in the state of obsession this knowledge wasn’t accessible to him in the way that it is in a normal state of wakeful consciousness, where memory makes it available to the rational agent in the normal way. So, where an obsessed alcoholic does possess knowledge of his alcoholic condition of the ‘dispositional’ kind, incapacitation with respect to memory renders this kind of self-knowledge inaccessible to him.

5.3.2 Perhaps there are many different ways in which the alcoholic may attempt to solve his emotional difficulties by drinking. I want to explore just one, which relates to the way that the alcoholic, when in a state of obsession, represents his drinking. Consider the descriptions that recovered alcoholics offer of their early experiences of drinking. “A few years later, in junior high school, a few friends and I got a bottle of rum from a bootlegger. I got really drunk and it was great. I had a feeling of complete freedom.” (Alcoholics Anonymous 2001, p.495). “Drinking released me from the suffocating fear, the feelings of inadequacy, and the nagging voices at the back of my head that told me I would never measure up. All of those things melted away when I drank.” (Alcoholics Anonymous 2001, p.310). “(I) do remember this much: When I was drinking, I was okay. I understood. Everything made sense. I could dance, talk, and enjoy being in my own skin. It was as if

I had been an unfinished jigsaw puzzle with one piece missing; as soon as I took a drink, the last piece instantly and effortlessly snapped into place” (Alcoholics Anonymous 2001, p.320).

The content of these descriptions of drinking experiences plays a part in explaining the alcoholic’s motivation for drinking. When in the state of obsession with alcohol, alcoholics don’t represent their drinking as a route to loss of control and to physical and emotional damage. They represent drinking as a mode of self-realization; as a route through which they can be the way they are supposed to be. Again, it can be helpful to think of this form of motivation in terms of the notion of a state of consciousness. The alcoholic attempts to use alcohol as a solution to his problems because he represents alcohol, in the obsessive condition, as a way of changing the prevailing psychological condition to one in which he is in a non-defective and normal wakeful state of consciousness; that psychologically healthy state in which he is in a position to exercise those rational and affective capacities that make him the kind of being that he is. That includes being in the position to ‘think straight’ about things, to interact sanely and normally with other people, and being in a position in which he is not assailed by self-doubt, fearful thoughts and other troubling occurrent emotions. The past-tense content of these descriptions offered by recovering alcoholics is also relevant to the point at issue here. Alcoholics in an occurrent state of obsession with alcohol represent their drinking as being capable of putting them into a normal psychologically healthy wakeful state because they recollect, or appear to recollect, that alcohol had these liberating effects on them on certain occasions of drinking in the past. “The idea that somehow, someday, he will control and enjoy his drinking is the great obsession of every abnormal drinker” (Alcoholics Anonymous 2001, p.30) is, at least in part, the idea that someday the alcoholic will control and enjoy his drinking in the way that he takes it that he used to.

6. Another defect of the normal wakeful condition

In the light of the idea of a distinction between defective and non-defective states of wakefulness, two kinds of error might be distinguished in this reconstructed motivation. One kind is obvious. For the chronic alcoholic, drinking does not have the desired effect. Drinking in relapse, for the chronic alcoholic subject to an obsession with alcohol, does not bring about a return to a normal non-degraded condition of consciousness. It brings only more of the same. And this is surely part of what is distinctive of chronic alcoholic drinking. The chronic alcoholic, when drinking, remains obsessed with drinking. His excessive pre-occupation with drinking now manifests itself in extending indefinitely the episode of drinking that is under way. He formulates plans about how to extend the episode of drinking, and then tries to execute the steps of this plan, all the while revising these plans to achieve the same end in the face of new information he continues to receive. He continues to read his immediate perceptual environment in terms of his obsession, now in terms of the opportunities for prolonging the episode of drinking that is under way and in terms of obstacles to prolonging it. His way of drinking may involve special vigilance to time, to how quickly or slowly those with

whom he drinks, if any, are drinking, and also to how considerations about time affect the material possibilities for him to get more alcohol. His overriding fear is that there will not be enough alcohol to continue the episode of drinking or that something will interfere to bring it to an end.

The possibility that a further, more fundamental kind of error is also involved in the chronic alcoholic's motivation for drinking points to an explanatory role for another kind of defective variety of wakefulness. Suppose that the drinking of an alcoholic never, in fact, fitted the representation of drinking that figured in the relevant form of apparent recall, in which drinking is represented as a route to a normal wakeful state; a state in which the alcoholic 'has complete freedom' and in which 'the missing piece of the jigsaw is in place'. If that were so then the motivation for drinking, as it figures in explaining drinking in the state of obsession, involves a basic cognitive error. But why might this be true? What is the reason for thinking that an alcoholic's drinking, even in the early phases of his drinking, was never drinking that initiated and sustained a healthy wakeful state of consciousness? Is it really plausible to claim that from the very first drink, the alcoholic drank in a way that manifested obsession with alcohol, in the way that it has been understood here? Doesn't this also entail that we must refuse to take at face value those aspects of personal testimony that describe the spontaneity and freedom from care and worry that accompanied the alcoholic's very early drinking career?

The literature that has been the focus of our attention here describes the fundamental problem of an alcoholic as 'self-centredness'. 'Being self-centred' (or 'self-obsessed') might pick out a personality characteristic, a set of personality characteristics, or habits of thought and action. These characteristics are things that rational agents can possess in dreamless sleep. But self-centredness might also be understood as an instance of the kind of state that has been at issue here; a defective instance of the wakeful condition that involves forms of incapacity that we might describe as broadly ethical, and patterns of thought and motivation that we might describe as ethically disordered or maladjusted. Very roughly, we might think of this state as involving incapacity with respect to those capacities that embody our ongoing sensitivity to, and practical acknowledgement of, the ethical demands made upon us, as rational agents, by other agents like ourselves. We might also think of it as involving incapacity with respect to the capacity to be sensitive to the demands that we ourselves also make on others as the rational beings we are, and toward what is rightly owed to us. These incapacities are revealed in the range of thoughts and feelings that strike the one who is so incapacitated in reflection, in patterns of practical deliberation in which the demands of others do not figure fundamentally, and in which action is only motivated by the agent's own desires. But they might also be manifested, crucially, in a form of perceptual incapacity; an incapacity to experience our immediate perceptual environment as making characteristic sets of demands on us, as the rational beings that we are. Being self-centred in this sense, I emphasize, would not be to be psychopathic or sociopathic. Being disordered in such senses appears to involve an absence of the capacities

themselves; in individuals of such a kind these capacities never developed properly at all or have been destroyed through physical damage. Self-centredness, as I understand it here, is a condition in which capacities that the agent possesses are inaccessible in the circumstances, given the mental state.

In order to establish the claim that the alcoholic's motivation for drinking involves a cognitive error about the effects of alcohol on him, it need not be argued that from his initial experiments with drinking he was in a state of obsession with alcohol. For it may nevertheless be true of him, and it may be what marks out the early drinking experiences of alcoholics, that they take place in the state of 'self-centredness' or 'self-obsession'. Developing an understanding of exactly what such a state is, and properly substantiating the thesis that a state such as this is distinctive of alcoholic drinking, even during the early stages of alcoholic drinking, requires more than I can do here. But the basic idea need be nothing more than the following. When alcoholics drink, one of the things that makes their drinking characteristically alcoholic is that it takes place against the backdrop of such a condition; an insensitivity to the demands that others make on them as the things that they are and an inability to entertain, as a basic reason for doing anything, what other people may want of them. Take any of the episodes of drinking from early in the careers of alcoholics, which are described in the pages of Alcoholics Anonymous, where those episodes are ones which would be later characterized in terms of 'things making sense' or 'having a feeling of freedom' or a 'freedom from fear'. Now imagine that halfway through any such episode, as it actually occurred at the time of the episode of drinking, someone the alcoholic narrator held very dear had requested them to stop drinking right away, because there is something that they (the intervener) wanted to do which was incompatible with their (the drinker) continuing to drink. I predict the following: that while the alcoholic may eventually have acceded to such a request, it would have been met with more or less extreme irritation and reluctance, perhaps with hostility. The content of the request would not immediately strike the alcoholic as something that ought to be done and which in the situation was required. The request would be experienced as something to be avoided, resisted, or shrugged off by any available means.

7. Conclusion

Understanding the kind of disorder that is crucial to sustaining alcoholic drinking as a deformed state of wakeful consciousness has consequences for how to conceive aspects of recovery from alcoholism. I earlier briefly described recovery from alcoholism, according to the programme of Alcoholics Anonymous, as involving action geared around adjusting the alcoholic's attitudes and outlook on life; action informed by the alcoholic's establishing contact with 'a God' of his or her own 'conception', or a 'Higher Power'. Were one to read these claims in terms of the suggestions made here then one might be led to propose that the fruit of recovery is the reclamation, on a

consistent basis, of a way of living that is characterized by the obtaining, during the waking hours, and on a reasonably consistent basis, a non-disordered state of wakeful consciousness.

Given the account suggested here, that is something that involves, at least, capacitation with respect to a range of capacities for rational thought and rational action, where such action is also informed by, and embodies, a stored set of attitudes that encode the agent's conception of what is worth caring about, at the core of which is the idea that other rational agents and their desires make demands on us which we ought to acknowledge. As I have been trying to emphasize, the alcoholic's problem is not a problem with respect to what the agent knows or believes. Alcoholics coming around after binges, filled with guilt, shame and remorse, do not have to reacquire the knowledge that they are not capable of drinking safely, or that it is best for them not to drink at all. That is something that they knew all along. Neither need it be understood as a straightforward defect with respect to what the agent really values or cares about. The same alcoholic, returning to consciousness after relapse, does not need to relearn that it is worth caring for one's family and friends, or worth valuing what other people want as well as what they themselves want. Rather, what is needed is for a state to obtain in which this knowledge is able to make itself manifest in the way that it is supposed to in rational agents who have it, and for a state to obtain in which these standing evaluations make themselves manifest in action in a way that they are supposed to.

One might think of one way that Alcoholics Anonymous functions as the provision of a scaffold for supporting the state of non-deformed wakeful consciousness, or indeed for re-developing it.

Alcoholics Anonymous does this by providing environments in which recovering alcoholics are able to do things with one another and for one another. Some of this might involve taking stock of the consequences of past behaviour and arriving at a full and balanced picture of the facts about their alcoholism with a sponsor. Or it may involve making tea. Either way, through doing these things, alcoholics are able to spend time living in a non-deformed state of consciousness. Spending time living in this state, and gradually feeling at home in it, strengthens the alcoholic's dispositions to inhabit the normal wakeful state. But whatever exactly these dispositions might be, to possess these dispositions is not what recovery from alcoholism itself consists in. The alcoholic may possess these dispositions while he sleeps, or indeed, in relapse. Similarly, however, so also may an alcoholic who is 'recovered' by the lights of the kind of account sketched here possess a range of long-term dispositions and traits that distinguish him from non-alcoholics. The recovered alcoholic is not able to drink safely. The incapacity of his body to respond to the drinking of alcohol remains. Alcoholics who relapse after long periods of sobriety develop cravings soon after taking a drink, or exhibit the response to alcohol that characterized their previous drinking in the space of one or two further episodes of drinking. So also the recovered alcoholic is disposed to re-enter the state of occurrent self-obsession or self-centredness; the kind of disordered state of wakeful consciousness that it has been suggested here is the soil in which the potential for alcoholic drinking grows. This is why the

recovered alcoholic may find that he continues to need to engage with the supportive environment and activities that he finds in Alcoholics Anonymous on an ongoing basis. This is not because the recovered alcoholic becomes ‘addicted’ to Alcoholics Anonymous, or because he has become ‘obsessed with’ attendance at meetings. It is because the dispositions that the recovered alcoholic possesses, as an alcoholic, for self-obsession and self-centredness, have as their natural manifestation the erosion of the structure of the non-disordered wakeful condition.

The suggestions I have made here about akrasia in the chronic alcoholic are qualified. First, I do not present these ideas as suggestions about every instance of akrasia. Second, I have only here been talking about psychological or cognitive aspects of chronic alcoholism, and the coherence of a range of psychological claims associated with the perspective of a particular program of treatment and recovery. A full understanding of this condition would need also to address the nature of the ‘phenomenon of craving’; something about which I have been neutral here.¹⁵ The suggestions are also programmatic in obvious respects. There remain significant questions about the precise nature of the various kinds of conditions of obsession mentioned here and how they differ from wakeful consciousness. And there is the further question of whether a properly developed account of this kind can provide a satisfactory explanation of the relevant psychological features of akrasia in alcoholism. That is something that I do not have the space to undertake here. But I hope to have made at least some kind of case for the view that the notion of a mental state that involves a specific kind of departure from the state of wakeful consciousness may be a fruitful way to understand important aspects of alcoholism.

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¹⁵ For relevant work on this aspect of alcoholism see Berridge (2001), and Robinson and Berridge (1993).

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